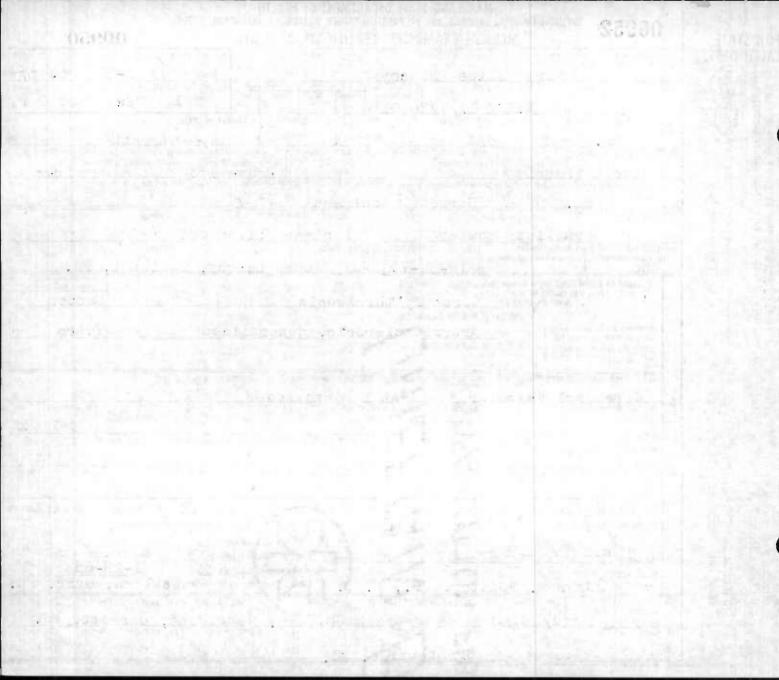
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00951 02607 CERTIFICATE OF DEATH 2b. HOUR 2a. DATE OF DEATH Middle Last 1. DECEASED-NAME First death. Manth 7.8 Day 68 ear the Tuniral 10:50A (Type or print) Isaac Rick Avman IF UNDER 24 HRS. IF UNDER 1 YEAR 6. AGE (In years 4. RACE S. DATE OF BIRTH vithin 72 hours after last don'thday) HOURS Male White 8/11/75 requires that the death certificate be executed within 24 hours. 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED Garrett country W. Virginia the attending physician and campletely filled in sit permit. Then please remave carban papers. U.S.A. WIDOWED DIVORCED 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH INDUSTRY Farm give street address)
Garrett Co. Memorial during most of warking life, even if retired.) Oakland 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER in any event, admission) STATE 13b. COUNTY NO T Friendsville Middle 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First last Redeheaver Mahalia John Henry Awman and 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. Yes, po, or unknown) Friendsville, Md. Margery signed by the attending physi burial-transit permit. Then pl burial, crematian, ar removal, Awman. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been State Dept. of Health prior to the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 19o. DATE OF OPERATION CAUSES OF DEATH? YES P O HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M detached (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. State City or Town County 21d. INJURY OCCURRED 21e. PLACE OF INJURY While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from January 15, 1968, to January 1819 68, that (I) (we) last saw the deceased alive an January 1819 68, and that in (my) (aur) opinion death accurred on the date and hour and from the director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE STAFF PHYS. ATTENDING 1/18/68 DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Andrew E. Mance Oakland. Maryland 23d. LOCATION (City or Tawn) (State) 23c. NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION 23b. DATE BUTTAL (Specify) 1/21/68 Cemetery Centenary, Centenary West Va. 25b. REGISTRAR'S SIGNATUR 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 26 1968

Kingwood, W. Va.

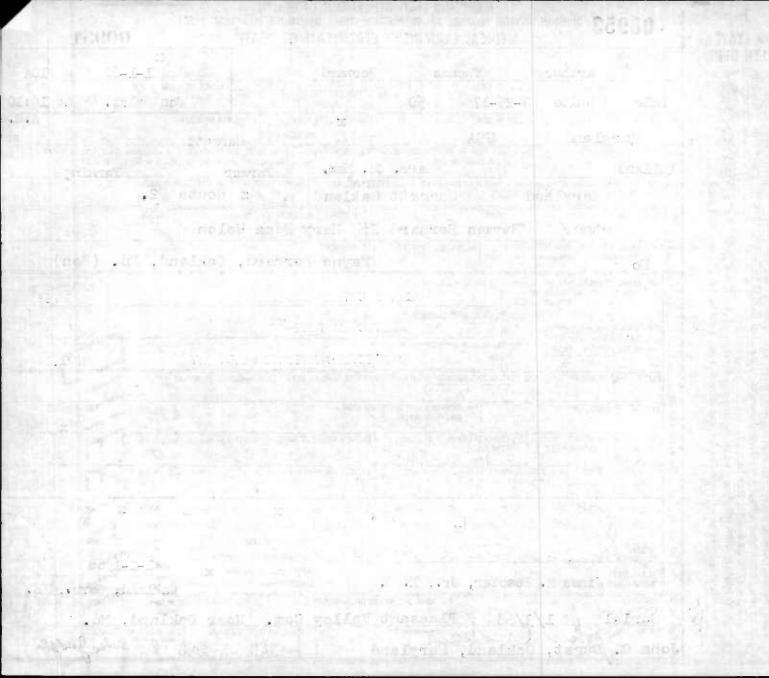
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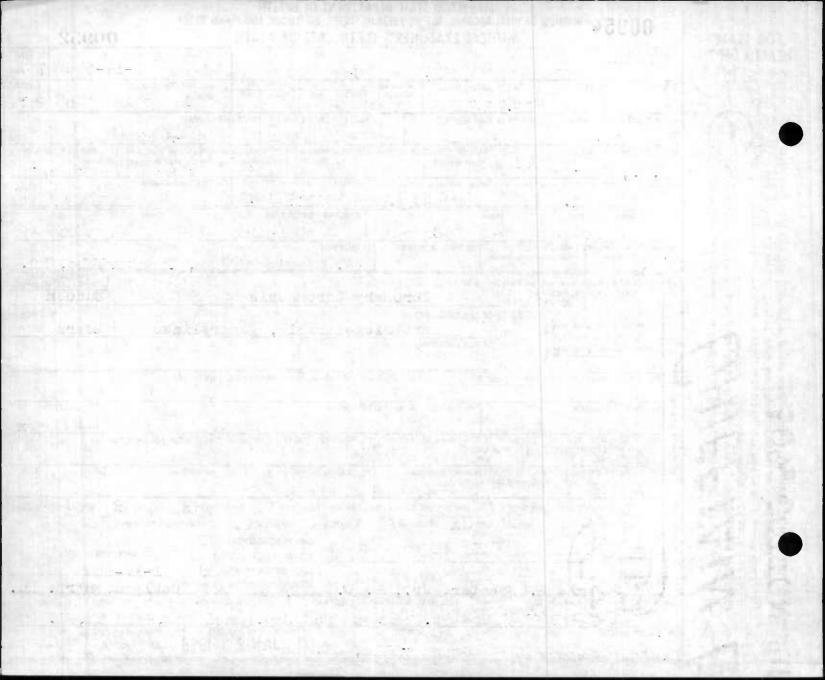
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00950 2a. DATE KNOWN HEALTH DEPT. 1. DECEASED-NAME First 2b. HOUR (Type or Print) OF ESTI-Page delay is and 3 ta Alice DEATH MATED Marv Beachy AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR pup last birthday) MONTHS Day 26 ,68 Year Departi 97 YRS 2 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED T DIVORCED lo. Give Poges State Md Garrett 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR with during most of working life, even if retired.)
Housewife give street address) INDUSTRY the Accident (Rural Own deoth. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER in Item 18. odmission) STATE 13h COUNTY Garrett Accident land 2 after 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Cornelius Lucinda Bowser Livengood pages haurs **Examiner's** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil **ADDRESS** (Yes, no, or unknown) (If yes give war at dates of service) 272-511-7937-11 Accident. Jonas Beachy. File = APPROXIMATE INTERVAL within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) Coronary thrombosis Sudden event DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave Arteriosclerosis, generalized Years rise ta immediate cause (a). This certificate shauld writing the word DUF TO OR AS A CONSEQUENCE OF stating the underlying cause = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) 0 Gereberal vascular accident 1 month ago removal, used 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, NO 🔯 pe OL 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld pluods PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE AT WORK AT WORK burial, 220. Leertify that I took charge of the remains described above, held an Autopsy ... Inspection 🔀 Inquiry X and in my opinian Natural couses X. Accident . Suicide . death/resulted from: . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior 22b. DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE 1-26-68 O DEPUT DEPUTY MEDICAL EXAMINER EXAMINER'S Health NAME (Type) James ADDRESS(Street, city, town, or county) Oaklana. Garr. Md. Feaster, Jr., 50 23g. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Burisl Bear Creek Ch Accident. Garrett. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5)



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HEALTH DEPT.		ECEASED-NAME Type or Print)	First Arthur		Thomas	ddle	Bernar	Last d		2a. DATE KNOWN OF ESTI- DEATH MATED [2b. HOUR
deloy and 3 t	3. S	EX Male	4. RACE White	5. DATE OF BII	RTH	6. AGE (In	T 45 100000		R 24 HRS	2c. DATE PRONOUNC	ED DEAD	• Year 1968	2d. HOU
hours ofter death. Iny tem 18. Give Pages 1. 2, Office along with form tond 2 with the State Depot ofter death.	10. 0 0:	Mary CITY OR TOWN OF akland USUAL RESIDEN	rland	11. N give ad lived, if institu	SA AME OF HOSPIT street oddress)	TAL OR INSTIT	WIDOWED UTION (If not in Co. Mem	durin	USUAL OCI ag most of arma:	NTY OF DEATH CUPATION (Kind of vorking life, even to life) 13e. STREET AND NUR Route	if retired.)		A M
		ATHER'S NAME	First	Middle	as Ber	lost nard	IS. MOTH	er's maiden name	First	1	Middle	Las	ľ
within 24 n pencil in Examiner's File pages 1 72 hours		WAS DECEASED EV (es, no, or unknow NO	ER IN U.S. ARMED F	ORCES? var or dates of service)	16b. SOCIAL SE	ECURITY NO.	17. INFORMA		rd,	Oakland			
hir. ii	77	18. CAUSE OF PART I. D	DEATH (Enter onli EATH WAS CAUSED IMMEDIA	BY: TE CAUSE (a)		CARI	DIAC TAM	IPONADE				APPROXIMATE BETWEEN DISET MINUT	AND DEATH
d be execut d "pending Chief Medica fransit permity event with		rise to immed	ny, which gave liate cause (a),	(b)	AS A CONSEQU	AOI	RTIC RUF	TURE				11	191
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writing the worded to sed os a b	NO	451X		TIONS CONTRIBUT				MINAL DISEASE OR	CONDITIO	N GIVEN IN PART 1(d	1)	35.17	
5 5 5 6	CERTIFICATION	19a. DATE OF O				RFORMED?					10.55	20. AUTOPS	Y?
	MEDICAL CE	21a. EXTERNAL PRIMARY 0 CAUSE OF DEAT	R CONTRIBUTING	HOUR A.	INJURY Manth, .M. .M.	Day, Year	21c. HOW IN	JURY OCCURRED (E	nter natur	re af injury in Part 1	or Part 2, Ite	m 18.}	
CAL EXAMINER: execute the certi or. Page 4 should de for your files. CTOR: Page 3 shoul buriol, cremotion,	ME	21d INJURY OC		LACE OF INJURY (tary, office buildin	At home, form, ng, etc.)	, street,	21f. LOCATIO	N Street ar R.F.D. N	0.	City or Tawn	14.5	Caunty	State
Y DICAL E. , pleose executed director. Page eretained for a retained for a La DIRECTOR. Page 1 DIRECTOR. Pa		death re		Natural cau	ses &	Accident 7	, Suicide	CHIEF MEDICA D. ASSISTANT ME DEPUTY MEDIC	ide, L EXAMINE DICAL EXA CAL EXAMII	MINER D	22b, DATE S	IGNED	ny opinia
TO DEPUT necessary the fune 5 may b TO FUNER Health		BURIAL, CREMA' REMOVAL (Space	7 /1	DATE /3.468	PIE	nagan	t Vall		23d.	LOCATION (City or I	awn)	(Caunty) (S	itate)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00953 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2a. DATE KNOWN Month Day Year 2b. HOUR OF ESTI-DEATH MATED 1 -28 IF UNDER 24 HRS. 2c DATE PRONOLINCED DEAD 2d. HOUR Year 68 Day 28 9. COUNTY OF DEATH Garrett 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES NO IN First Sines Wendy ADDRESS Donald W. Carr, Sang Run, Md. (Father ASPIRATION OF STOMACH CONTENTS BETWEEN ONSET AND OEATH PATENT FORAMEN OVALE AND DUCTUS ARTERIOSUS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ALSO TERMINAL ASPIRATION OF STOMACH CONTENTS! 20. AUTOPSY? YES DO 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) City of Town County State 22a. I ceptify that I took charge of the remains described above, held an Autapsy [75], Inspection [75], Inquiry [75], ond in my opinian Accident . Suicide . Homicide Undetermined manner CHIFF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER 1-28-68 DEPUTY MEDICAL EXAMINER X James H. Feaster, Jr., M. D. ADDRESS(Street, city, town, or county)Oakland, Garr. Md. 23d. LOCATION (City or Town) (County) Sang Run. Garr. 24. FUNERAL DIRECTOR John O. Durst. Oakland. Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00955 HEALTH DEPT 1. DECEASED-NAME 2a. DATE KNOWN Month (Type or Print) Allen Wade DeWitt Page 10 DEATH MATED delay 4. RACE 6. AGE (in years 3. SEX S DATE OF BIRTH IF UNDER † YEAR IF UNDER 24 HRS 2c DATE PRONOLINCED DEAD pup Day 19 White 12/28/51 Male 6 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED X country) WIDOWED [DIVORCED [Utah Garrett. Item 18. Give Pages with the State ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) Public Mt. Lake Park Student 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY Garrett admission) STATE Mt.Lake E. lst haurs l and 2 ofter 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Maxwell Wade DeWitt Gloria Bolyard Examiner's pages 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS pencil (Yes, no, or unknown) None Maxwell DeWitt. Mt. Lake Park, Marylan File .⊑ be executed 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) Page 4 should be farwarded to the Chief Medical burial-transit permit. BETWEEN ONSET AND DEATH AS CAUSED BY: IMMEDIATE CAUSE (0) Crushed chest and fractured skull PART I. DEATH WAS CAUSED BY: pending Sudden DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave (b) Struck by automobile rise to immediate couse (a), writing the ward This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate. 21g. EXTERNAL CAUSE WAS PRIMARY APPRIMARY 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) Page 3 shauld HOURAM Sled riding and struck by car 0.15 P.M.7 -79-68 19 CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f, LOCATION Street or R.F.D. No. City or Town County factory, office building, etc.)
Highway WHILE NOT WHILE AT WORK Mt. Lake Park Garrett 22a. Verrify that I taak charge of the remains described obave, held an Autopsy , Inspection x, Inquiry X, and in my apinion Natural causes . Accident . Suicide . Hamicide death resolted from: Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE may be O DEPUTY 1-19-68 DEPUTY MEDICAL EXAMINER Health James H. Feaster, Jr., M. D. Oakland, ADDRESS(Street, city, town, ar county) 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 0 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 1/22/68 Oak Grove Cem. Near Oakland, Garr, 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Mclioner Judge 1968 VR ATSMA Durst.

Oakland, Maryland

Year

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(State)

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00956 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First Middle 2a. DATE KNOWN Manth 2b. HOUR Yeor (Type or Print) OF ESTI-ANNIE LORETTA HARVEY 68 61 OM Poge 9 DEATH MATED 1 -11 deloy and 3 4. RACE 6. AGE (In years IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d. HONR 8 2 vi HOURS White 9/16/85 Doy Yeor 168 12; Female Depart 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form country) Maryland USA WIDOWED T DIVORCED [Garrett 8. Give Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR Rural 12o. USUAL OCCUPATION (Kind of work done along with during most of working life, even if retired.)
Housewife INDUSTRY give street address) poges 1 and 2 with the Deer Park Route Own home deoth. 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STAMaryland 13b. COUNTY Garrett Deer Park Route YES NO DE hours pencil in Item 1 ofter 14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Last SAMUEL G. STEYER ISABEL DULING Exominer's hours 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Sister) be executed within (Yes, no or unknown) Mrs. Effie Beckman, Rt 1 File None Deer Park Md APPROXIMATE INTERVA within CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH Medicol PART I. DEATH WAS CAUSED BY: "pending" Coronary thrombosis Hours IMMEDIATE CAUSE (o event DUE TO, OR AS A CONSEQUENCE OF buriol-transit the Chief Conditions, if ony, which gove Arteriosclerotic cardio-vascular diseaseYears rise to immediate couse (a). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause <u>_</u> forworded to and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 OS removol, nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate. pe YES 🗀 NO T should be 21o. EXTERNAL CAUSE WAS 3 should 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAL EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. Na. City or Town County State Poge foctory, office building, etc.) NOT WHILE the funeral director. Poge AT WORK buriol for FUNERAL DIRECTOR: 22a. I sertify that I took charge of the remains described above, held on Autopsy ... Inspection X Inquiry X and in my opinian Natural causes 🕱 be retained resulted from: Suicide death Accident Hamicide Undetermined manner please CHIEF MEDICAL EXAMINER prior **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURI necessary, 1-4-68 DEPUTY MEDICAL EXAMINER EXAMINER'S Heolth ADDRESS(Street, city, town, or county) Oakland James H. Garr. Md. Feaster, Jr., M. D. 0 BURIAL CREMATION 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Md REMOVAL (Specify)
Burial 16/68 Church Cemetery Rt 1. White Deer Park. 24. FUNERAL DIRECTOR 1968 VR A15ME (5) DALAN John O. Durst Oakland 10M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

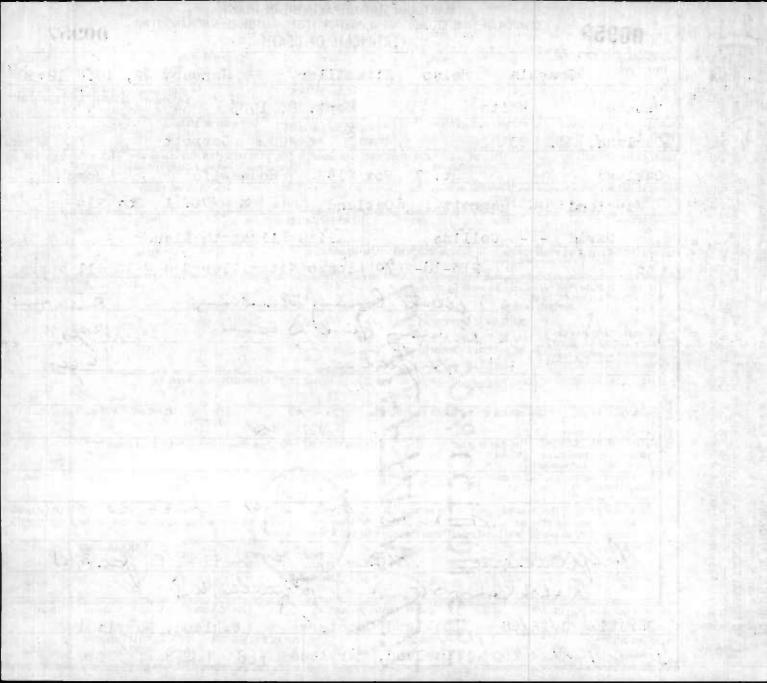
CERTIFICATE OF DEATH

00957

1. DECEASED-NAME	Fi	rst	Middle		Lost			TE OF DEATH			2b.	HOUR
(Type or print)	Gr	ashia	Helen	Kitzn	ille	r	J	anuary	22 Day	1968	12:	30
3. SEX		4. RACE			. DATE OF E	BIRTH		6. AGE (In	yeors	IF UNDER 1 YEAR		
Female		Whit	е		Sept.	8, 19	903	lest birth	doy) YRS.	MONTHS OAY:	S HOURS	MIN
7a. BIRTHPLACE (St	ate ar fareign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED 5	NEVER MA	RRIED	9. COUNT	Y OF DEATH	-		-	
Country) Oaklar	nd, Md	. USA		WIDOWED [DIVO	ORCED 🔲		arrett		- 713		Md
10. CITY OR TOWN	OF DEATH	111.	. NAME OF HOSPITAL OR IN	ISTITUTION (If not	in hospital	12o. USUA	L OCCUPA	TION (Kind of w	ark done	12b. KIND C	OF BUSINESS	SOR
Oaklar			ve street address)	Box 2	14	HOL	18eW	king life, even if	retirea.)	Home	е	
130. USUAL RESIDE	NCE (Where dec	eosed lived, if insti	tution: Residence before			13d. INSIDE CITY LI		e. STREET AND NI			-	
odmission) STATE Marj		ist. cGa	rrett	Oakla			X	Rt. 1	Box	214		
14. FATHER'S NAME		Middle		15.		MAIDEN NAME F			Middle		Last	
	David		ollins			e Eliz	zabe	th Kisi				
160. WAS DECEASE Yes, no, or unkn		RMED FORCES? ve war or dates of service)	16b. SOCIAL SECURITY		FORMANT				Address			
Yes, na, ar unkn			213-18-2		onzo	Kitzn	nill	er See	# 10	who who	abo	
18. CAUSE O	F DEATH (Enter DEATH WAS CAU	only one couse per	line for (a), (b), and (c	1.0		10					DXIMATE INTER N ONSET AND O	
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PART 2. OTHI	R SIGNIFICANT (CONDITIONS CONTRI	BUTING TO DEATH AND N	NOT RELATED TO	THE TERMINA	AL DISEASE ORC	ONDITION	GIVEN IN PART 1	(a)	/		
3 7201												
190. DATE OF C	PERATION 1	b. CONDITION FOR \	WHICH OPERATION WAS P	ERFORMED	20a. AUT			Ob. IF YES, WERE I AUSES OF DEATH?	FINDINGS CO	NSIDERED IN	CERTIFYING	G
HI WIND					YES							
	T WAS UNDERL	W. 1	OF INJURY M. Month Doy Year	21c. HO	V INJURY OC	CURRED (Enter	noture of	finjury in Part 1	or Part 2, Ite	em 18.)		
(If either, not	ify medical exa	miner) P.J	W. 1	9							2953	
₹ 21d. INJURY While No	OCCURRED 2	1e. PLACE OF INJUR	Y (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	(CTORY,) 21f. LOC	ATION Stre	et or R.F.D. No.		City or Tawn		County	S	Stote
at work o	t work)			0				
22a. I cert	ify that (I) (this haspital) a	ttended the deceas	ed from	Ab ma in In	, 196	, ta	Jun 2	<u>ک</u> , اور	&, the	ot (I) (w	re) las
cause	ne aeceasea s stated abo	ve. (I) (we) (di	(did nat) view the	bady after de	inai in (n eath.	ny) (aur) api	nian dec	arpraccurrea a	in the date	e and hau	r and tro	am the
22b. SIGNATU		, (., () (-7 (0.0 1.01) 11.01						224/04	ATE SIGNED		
1/4	alpho	ulula	Um 1	MADEGRE	ATTENDI PHYS.	ING E	NED. IRECTOR	STAFF PHYS.	J /0	in 39.	-68	
22d. PHYSICIA		0			22e. AD	DRESS	4.4	. ^	1		2115-1	
NAME (T	ype) KA	hoh Co	MANORE	hus	1	alum	lly	, and	,			
23a. BURIAL, CREM		b. DATE	23c. NAME OF	CEMETERY OR C	REMATORY	15	23d. LO	CATION (City or T	awn)	(County)	(Stote	e)
BAO ANT TO BE	(dy)	/25/68	Oakla	nd Cen	eter	Y	Oal	kland,	Mary	land		
24. FUNERAL DIRE	TOR	w * *	ADDRES!	S		25a. REC'D B'	Y REGISTR	AR 25b. R	EGISTRAR'S S	GIGNATURE	0 .	
Mosala	non	ummen	h Oakla	nd. Ma	nvla:	MATE CI	CD	1 1000	och	anles	wid !	1

to Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06960

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the foreral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after,

CERTIFICATE OF DEATH

00958

	1. DECEASED-NAME First (Type or print) Isra	Middle ael Albert	Moore	st 2a	Jan Month 21 Day	1058 10:2
I	3. SEX Male	4. RACE White	S. DAT	E OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 MONTHS OAYS HOURS
1	7a. BIRTHPLACE (Stote or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEW		OUNTY OF DEATH Garrett Co	ounty
	10. CITY OR TOWN OF DEATH Oakland		Nursing	spital 12a. USUAL OC HOTE during most of	CUPATION (Kind of work done working life, even if retired.)	12b. KIND OF BUSINESS OF INDUSTRY COal Min
	13a. USUAL RESIDENCE (Where deceosed admission) STATE 12, W.	sed lived, if institution: Residence before V13b. COUNTY Preston	Gormani	a. YES NO X	13e. STREET AND NUMBER R.F.D.	
l	14. FATHER'S NAME First William I			Elizabet	h Mayle	Lost
	16a. WAS DECEASED EVER IN U.S. ARA Yes no or unknown) (If yes give w	MED FORCES? 16b. SOCIAL SECURITY (220–10–			Address Vle, Baltimor	ce, Md.
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			TION GIVEN IN PART 1(a)	l weeks
2	= 15/X	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20	a. AUTOPSY? YES \(\begin{align*} NO \(\begin{align*} \begin{align*} \begin{align*} NO \(\begin{align*} \begin{align*}	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	☐ OR CONTRIBUTING ☐ CAUSE OF OEAT	TH HOUR A.M. Month Day Yeor ner) P.M. 11		JRY OCCURRED (Enter notu	ure of injury in Port 1 or Port 2, 1	tem 18.)
	While Nat while at work			Street or R.F.D. Na.	City or Tawn	Caunty Sto
	While Nat while 22a. I certify that (I) (the saw the deceased a causes stated above	PLACE OF INJURY (AT HOME, FARM, STREET, FAM OFFICE BUILDING, ETC.	ed framLU=28		, tol=11=68, 19_ death accurred an the day	te and haur and fran
	While Nat while at work at wor	is haspital) attended the decease	ed framLO-28 197, and that body after death	in (my) (obi) apinian TTENDING MED. HYS.	, tol=11-68 , 19 death accurred an the da	, that (I) (we te and haur and fran DATE SIGNED 21 - 8

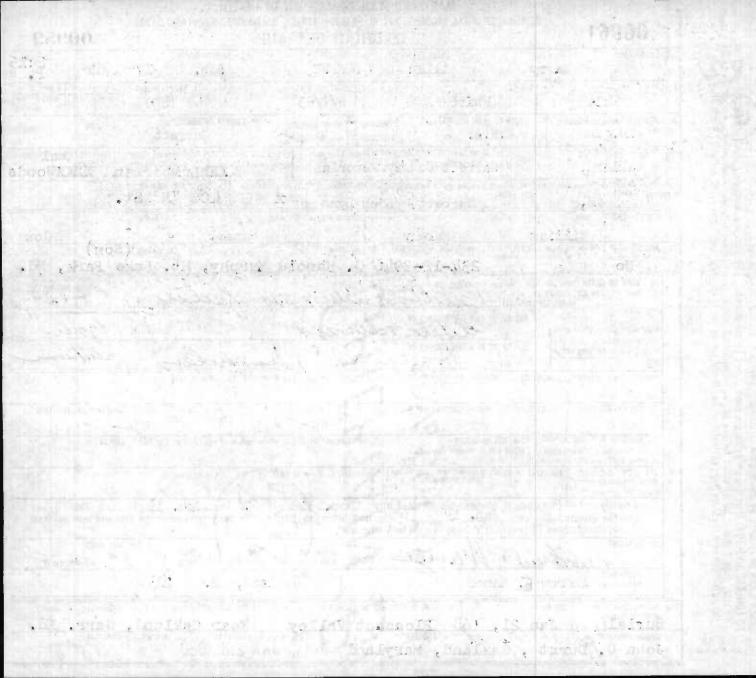
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	nnaur			CERTIFIC	ATE OF	DEATH				003	959
	ECEASED-NAME Type or print)	First Harry	Middle Allen	ľ	Last IURPHY		20. DATE OF D	44 .1 .	19 Doy]	L96 % or	2b2H0UI5
3. 5	Male	4. RACE	White		5. DATE OF 1			S. AGE (In ye last binthad		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
70. cau	BIRTHPLACE (Stote or fore ntry) Md.		of what country?	8. MARRIED [WIDOWED [RRIED [9. COUNTY OF D Ga	EATH crett		71 ()	Md
10.	or town of DEATH		11. NAME OF HOSPITAL OR INS				L OCCUPATION (I			12b. KIND OF INDUSTRY	₩₩Issor XWooda
	USUAL RESIDENCE (When issian) STATE	e deceased lived, if 13b. CO	institution: Residence before UNTY Garrett	13c. CITY OR Loch		13d. INSIDE CITY LIN YES NO		N N	St.		
14.	FATHER'S NAME First		iddle Lost	IS	. MOTHER'S A	AAIDEN NAME Fi		Mi	ddle		Last
14		illiam	Murphy 1166. SOCIAL SECURITY I		UEODII AUT	5	barah	11	. / c		Enlow
	. WAS DECEASED EVER IN Yes, no, ar unknown)	U.S. ARMED FURCES If yes give war ar dates of se			NFORMANT Har	old M	urphy.		dress (S Lake	Park	, Md.
	Conditions, if ony, which rise to immediate caustoting the underlying	S CAUSED BY: IMMEDIATE CAUSE (DUE T h gave) ISE (0).	O, OR AS A CONSEQUENCE OF	sole	ine	nury	face	line		General On Species Circles	ASET AND DEATH
	lost.	ANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT DELATED TO	THE TEDMIN	AL MISEASE OP CO	ONDITION GIVEN	IN PAPE 1/a)			
_	4500	ANT CONDITIONS CO	MIKIDOMIO TO DEAM DOT I	OT KELATED TO	THE TERMIN	AL DISEASE OR CO	ONDITION OFFER	IN I AND IGO			
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERATION WAS PE	RFORMED	20a. AUT YES			ES, WERE FIN OF DEATH?	DINGS CON	NSIDERED IN CE	RTIFYING
MEDICAL CER	21a. ACCIDENT WAS UN OR CONTRIBUTING CAL (If either, notify medico	ISE OF DEATH HOU	TIME OF INJURY R A.M. Manth Day Year P.M. 30				nature of injury	in Port 1 or	Part 2, Ite	em 18.)	
ME	21d. INJURY OCCURRED While Nat while at work		NJURY (AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC.					r Tawn		Caunty	Stote
	220. I certify that saw the dece causes stated	(I) (this hospito ased alive on abave,(I) (we)	ol) attended the deceose Jan. 19 (did) (did not) view the	ed from 9 <u>68</u> , one bady after o	Dec. 3 I thot in (r leath.	37, 19_6 ny) (our) opir	ion deoth oc	curred on	9 , 19 <u> </u>	68 , that e ond haur o	(I) (we) last and from the
	22b. SIGNATURE	ndrew	7 Mance	DEGR	111101	DI DI	ED. RECTOR	STAFF PHYS.	22c. D/	ate signed	68
,	22d. PHYSICIAN 3 NAME (Type) A:	ndrew E	Mance		22e. AD	Caklar	nd, Md.	21	550	/	A.F. TO
	BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE		cemetery or asant			23d. LOCATION	Oakla	nd.		(Stote) Md.
24.	John 0	urst,	Oakland, Ma	rylan	d	DATE JAN		2Sb. REG	ISTRAR'S S	IGNATURE LAC	der.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho<u>uss</u> TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban paper should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 Page 4 may be retained by the haspital ar attending physician.

after death.

VR A15 4



FOR STATE HEALTH DEPT.

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with Parm the Stote TO FUNERAL DIRECTOR: Page 3 should be used as o buriol-transit permit. File pages lond 2 with Health prior to buriol, cremation, or removal, and in any event within 72 hours ofter death. 5 may be retained for your files.

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages

JICAL EXAMINER: This certificate should be executed within 24 hours ofter death

TO DEPUTY

0096	2 DIVISION	OF VITAL RECORDS, 30" MEDICAL EXAM					LAND 21201	00	960	
1. DECEASED-NAME (Type or Print)	First William	Mid Henry	dle	Otto	tzo.		20. DATE KNOW OF ESTI- DEATH MATEL	N Month	Doy Yeor 3-68 19	2b. HOUR 7 A M
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1		JNDER 24 HRS	2c. DATE PRONOL		- 00	2d. HOUR
Male	White	1-7-1915	lost birthday)		DAYS HOL	IRS MIN.	Month 1	Doy 23	Yeor 1968	2 P M
70. BIRTHPLACE (Sto	ite or foreign 75	. CITIZEN OF WHAT COUNTRY?	1.1.1.	ARRIED NEV	ER MARRIED	9. COL	INTY OF DEATH			
Alliance	e. Ohio	USA		OOWED X	DIVORCED		Garrett			Mo
IV. CITT OR TOWN C	JF DEATH	11. NAME OF HOSPITA			ospitol 1		CCUPATION (Kind of working life, even		2b. KIND OF BUS	INESS OR
Swan to		lived, if institution: Residence	Box 22				13e. STREET AND		rarmin	3
odmission) STAT	aryland	13b. COUNTY Garret	t Swai	nton	YES	NO [<u></u>	Rt. 2		223	5-6
14. FATHER'S NAME	Daniel	Middle Ott	Lost		r's maiden n Ethel			Middle	Wyn	
	VER IN U.S. ARMED FO	100100000		17. INFORMAN				DDRESS		1000
(Yes, no, or unkno	OWN) (It yes give wo	or dates of service) 296-0	7-7027	Mrs.	Ethe	1 Ott	to Al	liance	, Ohio	
18. CAUSE O	F DEATH (Enter only	one couse per line for (o), (b),	ond (c).)						APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
	DEATH WAS CALLED			bosis					Sudden	
410	9	DUE TO, OR AS A CONSEQU			1 200		JUISINA		0	
	ony, which gove	(b) Arterios	scleros	is. a	eneral	ized			Years	
	diote couse (o), (DUE TO, OR AS A CONSEQU								
lost. 4 2	01	(d)							100	
PART 2. OTHER	SIGNIFICANT CONDIT	ONS CONTRIBUTING TO DEATH I	BUT NOT RELATED	TO THE TERM	IINAL DISEASE	OR CONDITIO	ON GIVEN IN PART	1(0)		
P		's Disease								
190. DATE OF 210. EXTERNAL	OPERATION		N FOR WHICH OP	PERATION	100				2D. AUTOPSY	(?
TIFIC		WAS PERI	FORMED?						YES 🗆	NO 🔀
	OR CONTRIBUTING	21b. TIME OF INJURY Month, I HOUR A.M. P.M.	Doγ, Yeor	21c. HOW INJU	URY OCCURRE	D (Enter notu	ire of injury in Por	t 1 or Port 2, Iten	n 18.)	
21d. INJURY O	CCURRED 21e. PL	ACE OF INJURY (At home, form, ory, office building, etc.)	street,	21f. LOCATION	Street or R.F.I	D. No.	City or Town	1	County	Stote
	7	ak charge af the remoins d	lescribed obov	e held an	Autapsy	7, In:	spection [X],	Inquiry 🔀 ,	and in m	y opinian
death r	esolted from:	Natural causes 🔀, A	Accident 🚺	Suicide [, Hor	nicide 🔲	Undetermin	ned monner [
					CHIEF MED	ICAL EXAMIN	_			
SIONATURE.	then a	Lecter	-1		ASSISTANT	MEDICAL EXA	AMINER	22b. DATE SI		
EXAMINER'S			0		DEPUTY M	EDICAL EXAM	INER 🖾	1-23		
		. Feaster, J					own, or county) O		Garr.	, Md.
230. BURIAL, CREM. REMOVAL (Spe Buria	.15 \		ame of cemeter Glade				LOCATION (City o		County) (S Maryla	tote) nd
24) FUNERAL DIREC	TOR	. 1	ADDRESS			REC'D BY RE	GISTRAR 2St	. REGISTRAR'S SI		1333
Derild 8	1. Mun	nuch Oak	land,	Mary1	andDATE	FEB	1 1968	Clear	les Judy	el.

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15ME (5) 10M REV. 1/68

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Blossne, W. Va.

Kit zmiller . Md DATE JAN 2

2Sa. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

VR A15 (4) 30M REV, 1/68 24. FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH 00964 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00962 CERTIFICATE OF DEATH 2b. HOUR P . DECEASED-NAME Middle 2a. DATE OF DEATH First Last after death. JANUARY (Type ar print) RAYMOND NONE PAUGH 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years **IF UNOFR 1 YEAR** last birthday) DAYS HOURS MALE SEPT.14. 1888 WHITE 79 requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED 3 NEVER MARRIED country) MARYLAND U.S.A. WIDOWED [DIVORCED | GARRETT signed by the attending physician and campletely filled burial-transit permit. Then please remove carban pase and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
GARRETT COUNTY MEMORIAL during most of working life, even if retired.)
MATL CARR DER INDUSTRY MAIL CARRIER OAKLAND 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befage 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY NO YES MARYLAND BEER PARK GARRETT 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle CLARISSA DEMMIT JEHU PAUGH 17. INFORMANT (SON) 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, woorunknawn) 720-09-6384 ar remaval, EUGENE PAUGH DEER PARK. MARYLAND APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Sudden permit. PART I. DEATH WAS CAUSED BY Coronary Occlusion IMMEDIATE CAUSE (a) cremation, DUE TO, OR AS A CONSEQUENCE OF 15 Days Influenzal Meningitis Canditians, if any, which gave) burial-transit rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying cause Arterieselerosis Years burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) tar use as the t Health prior tab this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO DO 21a. ACCIDENT WAS UNDERLYING OR ATTENDING PHYSICIAN: 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Manth Day of t (If either, natify medical examiner) P.M. with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street ar R.F.D. Na City ar Tawn County State While Nat while at wark TO FUNERAL DIRECTOR: After 220. I certify that (I) (this hospital) attended the deceased from four figures, 1907, to JAN 27 19 68, that (I) (we) lost sow the deceased alive on JAN 27 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after ceath. JAN . 27 19 68, that (1) (we) lost 3 should be 22c. DATE SUCKED 22b. SIGNATURE ATTENDING STAFF PHYS. directar, page 3 should be filed v DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) OAKLAND, MARYLAND/21550 ANDREW E. MANCE 23a. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) TREMOVAL (Sprigity) /30/68 Deer Park Cem. Md. Deer Park. Marrett. 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68-DATE John O. Durst. Oakland. Maryland

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	you are the said man ! Me	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00965 CERTIFICATE OF DEATH . DECEASED-NAME Middle First 2g. DATE OF DEATH requires that the death certificate be executed within 24 hours after death (Type ar print) Larry Eugene Savage 3. SEX 4. RACE S. DATE OF BIRTH Male White Jan. 4, 1968 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State ar foreign B. MARRIED NEVER MARRIED 29 9. COUNTY OF DEATH (duntry) Maryland U.S.A. WIDOWED [DIVORCED | Garrett 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind af wark done give street oddress) during most of working life, even if retired.) Oakland rett Co. Mem. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE Jaryland 13b. COUNTYGarrett Oakland NO Rt. # 1, Box # 154 ev 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Charles Carolyn Fry 17. INFORMANT (Nother) 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) Carolyn Savage 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if ony, which gave) burial-transit rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause by the hospital ar attending physician PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital ar attending to FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20g. AUTOPSY? YES DO NO . 21 o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. While Not while of wark 22a. I certify that (I) (this haspital) attended the deceased from Jan 4, 1968, to Jan 5, 1968, that (I) (we) last saw the deceased alive an Jan 5, 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE MED. DIRECTOR DEGREE 22e. ADDRESS NAME (Type) Dr. Herbert H. Leighton

23b. DATE

1/6/68

ADDRESS

23a. BURIAL, CREMATION,

24, FUNERAL DIRECTOR

REMOYAL (Specify)

00963

12b. KIND OF BUSINESS OR

2b. HOUR!

Louise Savage Oakland, Md. Address 1, Box # 154 APPROXIMATE INTERVA 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) City or Town County State 22c. DATE SIGNED Oakland, Maryland 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) Keefer Cemetery Garrett Co. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Oakland, Maryland DATE JAN

6. AGE (In years lost birthdoy)

director,

30M REV. 1

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0000				ERTIFIC	ATE OF DEATH			0090	65
	CEASED-NAME	First		Middle	14-16	Last	20. DATE C	OF DEATH	70" (0	2b. HOUR
(1)	ype ar print)	Henry		Murray		Skipper			ay 10 Yeor68	8:20AM
3. SE			4. RACE			5. DATE OF BIRTH	381	6. AGE (In years last birtheay)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	Male			White		Oct. 20, 1	效送	YRS	MONTHS OATS	nous min.
7a. B coun	Winds, 1	or foreign 7 laryland	U.S.A	HAT COUNTRY?	8. MARRIED [WIDOWED [NEVER MARRIED DIVORCED	9. COUNTY O	Garrett		Md
	ity or town of kland, 1		Ga Pir	AME OF HOSPITAL OR INS	TITUTION (If no morial	Hospital 12a. USU. Hospital quring m		N (Kind of work done g life, even if retired.)		
13a. admi:	USUAL RESIDENCE ssion) STATE	(Where deceosed laryland	lived, if institut 13b. COUNTY	ion: Residence before Garrett				t. # 2 Bo	x # 44	
14. F	ATHER'S NAME	First 10mas	Middle	Skippe:		MOTHER'S MAIDEN NAME ROM	first anna	A. Middle	Shaffe	Lost r
16a. Yi	WAS DECEASED EVes, no, or unknown	/ER IN U.S. ARME() (If yes give word	or dates of service)	166. SOCIAL SECURITY N 217-28-00		oformant esse Skippe	er (so	Deter on) Rt. 2	Park, Mary	
				ne for (a), (b), and (c).)		1 infanct	mnl		APPROXIM BETWEEN ON	NATE INTERVAL ISET AND OFATH
	Canditions, if any rise ta immedia stoting the under last.	y, which gave) te cause (a),	(b) DUE TO, OR	AS A CONSEQUENCE OF AS A CONSEQUENCE OF	hea	nt discus	e		yn	
	PART 2. OTHER S	IGNIFICANT CONDI				THE TERMINAL DISEASE OR				
CERTIFICATION	19a. DATE OF OPER	RATION 19b. CO	INDITION FOR WE	HICH OPERATION WAS PER	RFORMED	20a. AUTOPSY? YES NO	CALIC	IF YES, WERE FINDINGS ES OF DEATH?	CONSIDERED IN CE	RTIFYING
MEDICAL CER	21a. ACCIDENT W OR CONTRIBUTING (1f either, notify	CAUSE OF DEATH	HOUR A.M.	F INJURY Manth Doy Year 19		OW INJURY OCCURRED (Ente	er nature of in	jury in Part 1 ar Part 2	, Item 18.)	
ME	21d. INJURY OCC While Not w	URRED 21e. Pl	LACE OF INJURY	(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		CATION Street or R.F.D. No		ly or Town	Caunty	State
	220. I certify sow the causes s	that (I) (this deceased oliv toted obove,	hospital) att ve on (I) (we) (did)	ended the deceose 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ed from_S 9, and body after o	fi that in (my) (our) op leath.	inian death	Jan.10 , 1 accurred an the c	9 <u>68</u> , that date and hour a	(I) (we) los and from the
	22b. SIGNATURE	Be	Sgan	m	DEGR	EE PHYS.	MED. DIRECTOR	STAFF 220	1-16-6	8
	22d. PHYSICIAN'S NAME (Type)	Dr. B	. L. Gr	ant		22e. ADDRESS	alcland			
	BURIAL, CREMATIC REMOVAL (Specify Burial) 1/	13/68	23c. NAME OF Garret		Mem. Gard	ens	Oakland,	- 0	(State) nd
24	FUNERAL DIRECTOR	n. Me	mnic	ADDRESS Oakla	nd, M	aryland I	BY REGISTRAR		es signature	432

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 and TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00366 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH-DEPT 1. DECEASED-NAME Middle 2a. DATE KNOWN 2b. HOUR (Type ar Print) OF ESTI-:40 Page Richard Snyder Everett DEATH MATED deloy with the State Department 6. AGE (In years 3. SEX 4. RACE IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR Doy 23 12-28-35 9A M Male White 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) W. Va. USA WIDOWED DIVORCED Garrett in Item 18. Give Poges after deoth 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINGS OF Office along with Constructduring most of warking life, even if retired.)
Shovel Operator (DOA' oddress) Co. Mem. Hosp. Oakland 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13 DWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER W. Va. 13b. COUNTY Preston / Dakland, Md YES NO Route #2. hours land 2 v 14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME First Delton Snyder Gladys Harsh poges farworded to the Chief Medical Examiner's 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Widow) pencil This certificate should be executed within (Yes, no or unknown) 232-54-6676 Mrs. E. R. Snyder, Rt.2. Oakland, Md File APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) burial-transit permit. PART I. DEATH WAS CAUSED BY: pending Hemothorax Minutes IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF crushed chest Conditions, if any, which gave rise to immediate cause (a). writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause (Automobile Accident) 11 Œ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES A NO 🗌 should be 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.) PRIMARY OR CONTRIBUTING MEDICAL buriol, cremotion, SICAL EXAMINER: 1-23 19 68 Automobile accident, Rt. 219 CAUSE OF DEATH 21d. INJURY OCCURRED OCCURRED

21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)

AT WORK

Highway 21f. LOCATION Street or R.F.D. No. City or Town County State (Rural) Thomas W. Va. Tucker 22a / certify that I taak charge of the remains described above, held an Autapsy [X]. Inspection [X] Inquiry \ and in my apinion Accident Suicide Hamicide Natural causes . death resulted fram: Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER O DEPUTY 1-23-68 DEPUTY MEDICAL EXAMINER TO Heolth NAME (Type) James H. Feaster, Jr., M. D. ADDRESS(Street, city, town, or county Oakland, Garr. Md. 50 230. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City ar Town) (County) REMOVAL (Specify)
Burial Accident, W. Va. Cem. Accident. Preston. 25a. REC'D BY REGISTRAR 1968b. REGISTRAR SOSSESSES 24. FUNERAL DIRECTOR John O. Durst. Oakland . Md.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0096	9		EDICAL EXAM								00	967	
1. DECEASED-NAME (Type or Print)	Emma		E. Mid	ldle	S	outh	Last ern			20. DATE KNOWN Month OF ESTI- DEATH MATED 1	11	1968 12 HO	16 M
3. SEX Female	4. RACE White		OF BIRTH 5-1869	le	AGE (In years ost birthday) 98 YRS.	MONTHS	OAYS	HOURS	24 HRS. Min.	2c. DATE PRONOUNCED DEAD Month 1 Doy 1	1 Yeor	2d. HO	
7o. BIRTHPLACE (State country) W. Va	e or foreign		OF WHAT COUNTRY?			RRIED	NEVER MA	RRIED [NTY OF DEATH Garrett			Md
Oakland	F DEATH		OCUPPE CESS							CUPATION (Kind of work done f working life, even if retired.) SEWITE	12b. KIND O INDUSTRY HOI	OF BUSINESS OR	
13a. USUAL RESIDEN	CE (Where deced	sed lived, if	institution: Residence	e befo	re 136. CITY	OR TOWI	V 1	3d. INSIDE CITY I	LIMITS?	13e. STREET AND NUMBER			

W. Va.	USA	WIDOWED N DIVORCED Carrett	
Oakland	Cuppett week	ISTITUTION (If not in haspital S Nursing Home 12a. USUAL OCCUPATION (Kind of work day during most of working life, even if retired HOUSEWIIE	
A CTATE	eased lived, if institution: Residence before 13b. COUNTY Harrison	Clarksburg YES NO 134 NO 154 NO 154 NO 154 NO 154 NO 155 N	
14. FATHER'S NAME First	Middle Last	1S. MOTHER'S MAIDEN NAME First Middle	Last
William	McKendree Morr	ison Susan Fox	
160. WAS DECEASED EVER IN U.S. ARME		IO. 17. INFORMANT ADDRESS	THE WITH THE P
(Yes, no, or unknown) (If yes g	ive war or dates of service)	Mrs. Georgia Ludwick Ke	vser. W. Va
	only ane cause per line far (a), (b), and (c).		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAU	SED BY: DIATE CAUSE (a) <u>Coronary th</u>	rombosis	Minutes
4109	DUE TO, OR AS A CONSEQUENCE OF		
Conditions, if ony, which gave		rotic cardio-vascular disease	Years
rise to immediate couse (a) stoting the underlying couse	DUE TO OR AC & CONCEQUENCE OF		
last.	(c)		
4201	17	RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
190. DATE OF OPERATION 21a. EXTERNAL CAUSE WAS	19b. CONDITION FOR V		20. AUTOPSY?
TIFIC	WAS PERFORMED?		YES NO P
210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21d	G 21b. TIME OF INJURY Month, Day, Yea HOUR A.M. P.M. 19	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part	2, Item 1B.)
- I I I I I I I I I I I I I I I I I I I	e. PLACE OF INJURY (At hame, farm, street, foctory, affice building, etc.)	21f. LOCATION Street or R.F.D. No. City or Town	County State
22a. I certify that	I taak charge af the remains describe	ed abaye, held an Autapsy 🗍, Inspection 🔼, Inquiry	and in my apini

death resulted fram: Natural causes Hamicide 79 Accident Suicide Undetermined manner CHIEF MEDICAL EXAMINE ACTUAL SIGNATURE 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMI James H. Feaster, Jr., M. D.

ADDRESS(Street, city, town, or county) ate)

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a	CREMATION,	23b.	DATE	23c. NAME OF CEMETERY	OR CREMATORY		23d.	LOCATION (C	ity or Town)	(County)	(St	C

Burial V1 Cem 24. JUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S DATFEB 1968

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Departi TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Health prior to burial, cremation, or removal, and in any event within 72 hours ofter death.

O DEPUTY SICAL EXAMINER: This certificate should be executed within 24 hours after death and necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be forworded to the Chief Medical Exominer's Office olong with found 5 may be retained for your files.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00970 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00968

1. DECEASED-NAME (Type or Print)	firs Hazel		Middle	Stoneb	lost reaker		2	2a. DATE K OF DEATH /	F211	Month 1	Day 4	Year 1968	2b. HOUR 3:15
3. SEX	4. RACE	5. DATE OF BIRTH			UNDER 1 YEAR	IF UNDER	- 6	2c. DATE PR	ONOUNCE	DEAD			अरे भारी कि
Female	White	Sept.4,	1911	(In years If Man 56RS.	THS DAYS	HOURS	MIN	Month	1	Day]	4 Ye	80 por	B:25 M
7a. BIRTHPLACE (Sta	te ar foreign	76. CITIZEN OF WHAT CO		MARRIED	NEVER MA			TY OF DEA			3000		A.
country) W.V	a.	U.S.A.		WIDOWED			Ga						Md
10. CITY OR TOWN (OF DEATH		OF HOSPITAL OR INS								124/10	uros dis	OR OR
Oakland			Tett Co								INDIISTI	5me	
13a. USUAL RESIDER admission) STAT	NCE (Where deceded Md •	13b. COUNTY Ga 1	Residence befare	isc city or t Shallr	own is	YES N	LIMITS?]	3e. STREET	AND NUM	BER			1
14. FATHER'S NAME	First Solomo	Middle	Lost		MOTHER'S MA	IDEN NAME		е	Mic	ddle Rig	gler	man Lost	
16a. WAS DECEASED E	VER IN U.S. ARMED wn) (If yes giv	FORCES? e war or dates of service)	social security no	0. 17. INI	ORMANT	7015			ner,	SS Ki	tzm	ille	r,Md
18. CAUSE O PART I.	DEATH WAS CALIST	nly ane cause per line fa ED BY: IATE CAUSE (a)	r (a), (b), and (c).)	infar	ction				V.		BE	APPROXIMATE ETWEEN ONSET	
	any, which gove	DUE TO, OR AS A	consequence of	erotic	cardi	Lovaso	ular	dise	ase	30	Yea	ars	
	diate couse (a), nderlying couse	(0)	CONSEQUENCE OF										
PART 2. OTHER	SIGNIFICANT CON	DITIONS CONTRIBUTING T	O DEATH BUT NOT I	RELATED TO TH	E TERMINAL D	DISEASE OR C	CONDITION	GIVEN IN I	PART I(a)				
		ed left him							(-)				
19a. DATE OF 21a. EXTERNAL PRIMARY CAUSE OF DEA			CONDITION FOR WE WAS PERFORMED?				N. P					YES T	/? NO ₹
21a. EXTERNAL	CAUSE WAS	21b. TIME OF INJUR HOUR A.M.	RY Manth, Day, Year	21c. H	OW INJURY O	CCURRED (En	nter noture	of injury in	n Part 1 o	r Part 2,	Item 18.)		
PRIMARY CAUSE OF DEA	OR CONTRIBUTING	HOUR A.M.	12-26 167	Fel]	out o	of bed	i at	hospi	tal				
21 d. INJURY O	CURRED 21e	PLACE OF INTERV (At hou	me form street	21f 10	CATION Street	OF P.F.D. No.		City or			Count	ity	State
AT WORK	AT WORK THE	octory, office building, etc spital, Gar	rr. Co. M	lem.	Oakl	land			Gar	rett		Maryl	and
229	certify that I	taak charge af the re	emains described	d abave, he	ld an Auto	psy ,	Insp	ection 🔽	, In	quiry 😿	, a	and in m	y apinian
	esulted fram:								rmined				
X		, -	- 1		CHI	IEF MEDICAL	EXAMINER				4		
SIGNATURE.	ben /v	- Serla	- /	-2	M.D. ASS	SISTANT MED	ICAL EXAM	INER		22b. DATI	_		
AVANDALEDIC	James H	. Feaster,	Jr., M.	D.	DEF	PUTY MEDICA DRESS(Street	AL EXAMINE	ER X	1	-4-6 land		rr. 1	/d.
23a. BURIAL, CREM. RENGVAL (Sp	.()	an.6/68	23c. NAME OF C			, У	23d. L	k Ge	City or Tov	_{vn)} n,Mi	(County	al,	tote) W.Va
24. FUNERAL DIRECTION OF THE COMMENT		expless vi					D BY REGIS	STRAR	2Sb. RE	GISTRAR'S	S SIGNATU		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00969 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT DECEASED-NAME First 20. DATE KNOWN Month Year 2b. HOUR (Type or Print) OF ESTI-19681045 ny delay is 2, and 3 ta Page Charlie Teets J. DEATH MATED State Department 6. AGE (In years HE LINDER I YEAR IF UNDER 24 HRS 3. SEX 4. RACE S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR Male White Day 7 ,,68 1230 3/15/1892 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED 9. COUNTY OF DEATH farm in Item 18. Give Pages 1, Fairchance. USA WIDOWED | DIVORCED [Garrett 10. CITY OR TOWN OF DEATH after death 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR Chief Medical Examiner's Office along with give street address) during most of working life, even if retired.) INDUSTRY Oakland limberman Lumber 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN admission) STATE Md. 13b. COUNTY Garrett Oakland YES NO TO Rt. haurs lond 14. FATHER'S NAME ofter 15 MOTHER'S MAIDEN NAME Middle Teets Samuel Katherine Sines Jackson Sarah pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS Oakland pencil be executed within (Yes, na, or unknawn) 220-03-7183 Blanche Teets Rt. 1. Md. (Wife) File APPROXIMATE INTERVAL ⊆ 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c): BETWEEN ONSET AND DEATH burial-transit permit. PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) Coronary thrombosis Sudden DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave (b) Arteriosclerosis, generalized rise ta immediate cause (a), This certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause forwarded to the .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remaval be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES shauld be 3 should b 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY Manth, Day, Year HOUR A.M MEDICAL PRIMARY OR CONTRIBUTING EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town State County Page factory, office building, etc.) WHILE NOT WHILE T lar 22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection x. Inquiry 3 and in my apinian Natural couses X. death resulted from: Accident . Suicide Undetermined monner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 1-1-1968 EXAMINER'S Health ADDRESS(Street, city, town, or county) Oakland Garr James H. Feaster, Jr., M. 50 23g. BURTAL CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial Sines Cemetery Garrett Co. Maryland 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE Oakland, Maryland AN 10

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MARYLAND STATE DEPARTMENT OF HEALTH

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		CE	RTIFICA	TE OF DE	ATH			0097	10		
1. DECEASED-NAME Fi (Type ar print)	Charles	Middle Bliss	Wag	lost ne r	20	Jan. Mont	h 23 Day	68 Year	2b. HOUR 7:10A		
3. SEX Male	4. RACE White		S.	Jan. L	, 1881	6. AGE (I lost bit	n years (jdoy) YRS.	IF UNDER 1 YEAR MONTHS DAYS	(F UNDER 24 HRS. HOURS MIN		
7o. BIRTHPLACE (State or fareign cauntry)	7b. CITIZEN OF WHAT CO	7.57	MARRIED 🔀	NEVER MARRIED DIVORCED		OUNTY OF DEATH Garre	tt		M		
Oakland	give street of Garr	ett Co. M	UTION (If not in lemoria c. CITY OR TO	1		CUPATION (Kind of f working life, even 1 Operato	if retired.)	12b. KIND OF INDUSTRY Timbe	BUSINESS OR		
13o. USUAL RESIDENCE (Where decodmission) STATE	13b. COUNTY	ratt	Swant			Route					
14. FATHER'S NAME First U.	Middle VKNOWN	Last	IS. M	OTHER'S MAIDEN	NAME First	h Ra	Middle chel	Kelle	last		
16a. WAS DECEASED EVER IN U.S.	un west or distant of comical	SOCIAL SECURITY NO.	17. INFO	RMANT	A. A.		Address	Widow	7		
Yes, no or unknown) (If yes g	216	-09-339	4 Mrs	. C. I	3. Was	gner, Rt	• #1,		ton, Md		
IB. CAUSE OF DEATH (Enter PART I. DEATH WAS CAI IMM Conditions, if ony, which go	DUE TO, OR AS A CO	A cute ONSEQUENCE OF Arter	miore	y ocar lerot	diel le	Infare alis Van	tion when h	Disease	Lagr Rown		
stating the underlying coulast.		ONSEQUENCE OF									
4201	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)										
190. DATE OF OPERATION 1	96. CONDITION FOR WHICH OF	ERATION WAS PERFO	RMED	20o. AUTOPSY? YES	NO 🗌	20b. IF YES, WER CAUSES OF DEATH		ONSIDERED IN C	ERTIFYING		
210. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF (If either, natify medical exit	DEATH HOUR A.M. Mo	RY nth Day Year 19	21c. HOW	INJURY OCCURRE	D (Enter not	ure af injury in Part	l or Port 2,	Item 1B.)			
21d. INJURY OCCURRED While Nat while of wark		ME, FARM, STREET, FACTOR BUILDING, ETC.	0	narch	R.F.D. No.	City or Town		County	State		
220. I certify that (I)	(this hospitol) ottender olive on uve, (I) (we) (did) (did	2219	68. and tl	not in (my) (t, to <u>Januar</u> n deoth occurred	<u>▽ 2,3</u> 19, on the da	_68_, that ite and haur	t (I) (we) los and from th		
22b. SIGNATURE	+ Holans	lon	DEGREE	ATTENDING PHYS.	MED. DIRECT	TOR STAFF		DATE SIGNED /23/68			
22d. PHYSICIAN'S NAME (Type)	H. H. Leight	on		22e. ADDRESS	nd. Mo	21550					
230. BURIAL, CREMATION 2 SMOVAL (Sperity) 2	1 /26 /68 /	23c. NAME OF CEA			23	d. LOCATION (City of		(County) Maryla	(Stote)		
24. FUNERAL DIRECTOR John O. Dur	st. Oakland	MADORSS		250	REC'D BY RE		REGISTRAR'S	SIGNATURE ON	الموا		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages have should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Poge 4 may be retained by the hospitol or attending physician.

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4	John Days, On

1		-		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21301	
FOR S	TAKE		It	ems 7a & 7b Film MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2/2/08 kk	09'71
HEALTH	DEPT.	X		ECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy OF ESTI-	Year 2b. HOUR
og to	4	X		James Edwin Walters Death Marted 1-22-6	
delay and 3 t	12	1	3. SE.	lest birthday) MONTHS DAYS HOURS MIN. Month - Day	Year 19 68 9:3 M
22,00	Depart		70. B	BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	17 09 A M
es 1,	te D		Count	brgantown, W.Va. USA WIDOWED DIVORCED Garrett	Md.
Pag ith	l and 2 with the State after death.	SAL		during most of working life, even if retired. INDU:	KIND OF BUSINESS OR STRY U.S. Dent
fter de Give l	라 는 다 .			USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 36. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	· Agr.
alo	2 with death.	85	ad	dmission) STATE W. Va. 13b. (OUNTY Monongal La Morgantow VES (NO 233 High St.	
haurs Item 1 Office	l and 2 after	3	14. F	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Lost
24 n	pages 1		16a V	A. E. Walters Lula Rogers WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17, INFORMANT ADDRESS NOTE RE	ntown.
within an pencil i				(es, no, or unknown) (If yes give wor or doles of service) 233-48-5732 Mrs. Ann Walters, 233 High St	
	LA			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
d be executed d "pending" ir Chief Medical I	burial-transit permit. I in any event within	-		MMEDIATE CAUSE (a) Fractured skull	Sudden
be ey 'pen	event	V		Canditions, if any, which gave (b) Automobile-tractor trailer accident	
ard bard e Ch	al-tra	90	ĸ.	rise to immediate cause (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
e should the ward to the C	burio I in o			dst. (c)	
rate	s a and			PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certificat , writing arwarded	e used a remaval,		ATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This create, be far	0	,	CERTIFICATION	WAS PERFORMED?	YES NO
¥	0 0	4		210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Manth, Day, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18	
IINEI Shau		4	MEDICAL		unty State
EXAMINER: cute the cert age 4 shaula	yaur Page crem	11		WHILE AT WORK AT WORK Highway (Rural) 2.5mi. W Keyserds Ride	te Garr Md
AL EXA execute r. Page	rok: I			22a. I certify that I taak charge af the remains described abave, held an Autapsy, Inspection, Inquiry,	and in my apinian
JIC lease directo	DIRECT DIRECT	19		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
a_				SIGNATURE AND. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNE	ED
o DEPUTY necessary, the funeral	LI CE	2		EXAMINER'S DEPUTY MEDICAL EXAMINER 1-22-68	
O DEPUTY necessary, the funera	5 may ro FUNE Health		230	NAME (Type) ADDRESS(Street, city, tawn, ar caunty) B BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caur	GRAM MO
-	1	20	200.	REMOVAL (Specify) 1/25/68 East Oak Grove Cem. Morgantown, Lonong	
-	41545 (F)		24.	ELLINERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNA	ATURE
	A15ME (5) A REV. 1/68		50	with Theuman, Thantsville, Ind. DATE JAN 25 1968 yours	as Juage

